

Provider Communication

Subject: Narrow Therapeutic Index(NTI) Drug Policy Change	Priority: High
Date: April 29, 2005	Message ID: ACSBNR04292005_2

Dear Provider:

Effective May, 1, 2005: Narrow Therapeutic Index (NTI) Drug Policy Change

Only generic versions of the following drug products will be reimbursable under the Georgia Medicaid pharmacy program without prior approval effective May 1, 2005:

- Digoxin
- Levothyroxine
- Phenytoin
- Warfarin
- Theophylline Controlled Release
- Carbamazepine

Prior Authorization Update–Fentanyl Patches Effective May 3, 2005

Fentanyl patches will require a prior authorization effective May 3, 2005. Rebates from the brand duragesic product decrease the total drug cost to the state above and beyond the generic reimbursement. We will closely monitor these costs and will notify your pharmacy of any changes.

GMAC Additions/Increases and Decreases - Effective May 16th, 2005

Please be advised that additions/decreases and increases to the state GMAC list have been posted to the GHP Web portal with an effective date of May 16, 2005. Please visit **www.ghp.georgia.gov**, then provider information, then pharmacy overview, then GMCF additions, decreases and increases for a description of the affected drugs.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the Medicaid pharmacy unit at 404-656-4044 should you have questions or require clarification

Sincerely,

Georgia Department of Community Health, Division of Medical Assistance